attorney or agent of record.

*Total of

attorney or agent acting under 37 CFR 1.34(a). 47,425 Registration number if acting under 37 CFR 1.34(a)._

forms are submitted.

multiple forms if more than one signature is required, see below*.



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Docket Number (Optional) NOTICE OF APPEAL FROM THE EXAMINER TO THE **BOARD OF PATENT APPEALS AND INTERFERENCES** CV-0244 In re Application of I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first Waring, et al. class mail in an envelope addressed to "Box: AF, Commissioner for Patents, Washington D.C. 20231" Filed **Application Number** 09/341,821 September 1, 1999 For Signature Multi-Dose Wound Gel Typed or printed Teresa O. Bittenbender **Group Art Unit** Examiner 1615 Ghali, I. Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 1.17(b)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-0480 I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Teresa O. Bittenbender

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit